

BCC NAME

HIV PREVENTION COMMUNITY PLANNING BOARD, SD COUNTY

COUNTY DEPARTMEN

HEALTH & HUMAN SERVICES AGENCY

CONTACT PERSON

LORI JONES

PHONE NUMBER

(619) 293-4755

MAILSTOP

P501C

FAX NUMBER

(619) 296-2688

MEMBER NAME Awa, Ernie**APPOINTMENT** 5/10/2005 **MO#** 10 **EXPIRATION** 6/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Term begins July 1, 2005. Community Representative

MEMBER NAME Brosnan, Elizabeth**APPOINTMENT** 10/5/2004 **MO#** 7 **EXPIRATION** 9/30/2007 **TERM** SEE FACTS**NOMINATED BY** Director of HHSA & Health Services Planning Counl. **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** HIV Planning Council Representative.

MEMBER NAME Brown, Tami**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** MEMBERS-ELECT **COMMENTS** Members-Elect. Fax # 858-637-3021 1st appt, Term begins May 1, 2007

MEMBER NAME Bursaw, Michael**APPOINTMENT** **MO#** **EXPIRATION** **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Department of Health and Human Services Agency**REQUIREMENT** AIDS/COMMUNITY EPIDEMIOLOGY REPRESENTATIVE **COMMENTS** Health Department Appointees.

MEMBER NAME Collin, Kevin**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** MEMBERS-ELECT **COMMENTS** Members-Elect. 1st appt, Term begins May 1, 2007

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MEMBER NAME Crow, Katherine**APPOINTMENT** 5/10/2005 **MO#** 10 **EXPIRATION** 6/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Term begins July 1, 2005. Community Representative

MEMBER NAME Flores, Catrina**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. Fax # 619-692-0478 1st appt, Term begins May 1, 2007

MEMBER NAME Garcia, Felipe**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 9/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. Fax # 619-692-0478 Re-appt (2nd term), Term begins Oct 1, 2007

MEMBER NAME Giancola, Michael**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** MEMBERS-ELECT **COMMENTS** Members-Elect. Fax # 619-298-0177 1st appt, Term begins May 1, 2007

MEMBER NAME Gonzalez-Garcia, Carolina**APPOINTMENT** 5/10/2005 **MO#** 10 **EXPIRATION** 6/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Term begins July 1, 2005. Community Representative

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MEMBER NAME Gunn, Robert, MD**APPOINTMENT** **MO#** **EXPIRATION** **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Department of Health and Human Services Agency**REQUIREMENT** Office of Public Health STD Division **COMMENTS** HHSA Appointees.

MEMBER NAME Harris, Joselyn**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** Director of HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** SEE FACTS **COMMENTS** Community Representative. 1st appt, Term begins May 1, 2007

MEMBER NAME Herbstritt, Kim**APPOINTMENT** 8/1/2006 **MO#** 10 **EXPIRATION** 7/31/2009 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. Term begins Aug. 1, 2006.

MEMBER NAME James, Geneva**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. 1st appt, Term begins May 1, 2007

MEMBER NAME Jones, Lori**APPOINTMENT** **MO#** **EXPIRATION** **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Department of Health and Human Services Agency**REQUIREMENT** OFFICE OF AIDS COORDINATION **COMMENTS** Health Department Appointees. Replaced Lauren Farber Brookshire 9/12/06

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MEMBER NAME Kirshenbaum, Sheri**APPOINTMENT** 5/10/2005 **MO#** 10 **EXPIRATION** 6/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Term begins July 1, 2005. Community Representative**MEMBER NAME** Kua, John**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. Fax # 619-278-0990 1st appt, Term begins May 1, 2007**MEMBER NAME** Lecklitner, Louise**APPOINTMENT** 3/19/2004 **MO#** **EXPIRATION** **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Director, Health and Human Services Agency**REQUIREMENT** ALCOHOL & DRUG SERVICES REPRESENTATIVE **COMMENTS** Replaces John Oldenkamp- Jean Shepard appointee. Health Department Appointee.**MEMBER NAME** Morse, Jaimie**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. 1st appt, Term begins May 1, 2007**MEMBER NAME** Nelson, Lisa**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** MEMBERS-ELECT **COMMENTS** Members-Elect. Fax # 760-414-3736 1st appt, Term begins May 1, 2007

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MEMBER NAME Ochoa, Rosemari**APPOINTMENT** 8/1/2006 **MO#** 10 **EXPIRATION** 7/31/2009 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Term begins Aug. 1, 2006. Community Representative.

MEMBER NAME Paul, Deborah**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. Fax # 619-702-5924 1st appt, Term begins May 1, 2007

MEMBER NAME Rafus, C. Wayne**APPOINTMENT** 8/1/2006 **MO#** 10 **EXPIRATION** 7/31/2009 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. Term begins Aug. 2006.

MEMBER NAME Sipan, Carol**APPOINTMENT** **MO#** **EXPIRATION** **TERM** SEE FACTS**NOMINATED BY** GRADUATE SCHOOL OF PUBLIC HEALTH NOMINEE **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. SDSU-GSPH appointee.

MEMBER NAME Stankus, Jan**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** MEMBERS-ELECT **COMMENTS** Members-Elect. Fax # 619-325-3534 1st appt, Term begins May 1, 2007

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MEMBER NAME Suarez, Micha**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. 1st appt, Term begins May 1, 2007

MEMBER NAME VACANT**APPOINTMENT** 5/10/2005 **MO#** 10 **EXPIRATION** 6/30/2008 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Dan Uhler, Resigned 7/10/07

MEMBER NAME Velasquez, Jorge**APPOINTMENT** 4/17/2007 **MO#** 6 **EXPIRATION** 4/30/2010 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. 1st appt, term begins May 1, 2007

MEMBER NAME Wolter, Carl**APPOINTMENT** 8/1/2006 **MO#** 10 **EXPIRATION** 7/31/2009 **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Board of Supervisors**REQUIREMENT** **COMMENTS** Community Representative. Term begins Aug. 1, 2006.

MEMBER NAME Wooten, Wilma, MD**APPOINTMENT** **MO#** **EXPIRATION** **TERM** SEE FACTS**NOMINATED BY** DIRECTOR OF HHSA **APPOINTED BY** Director, Health and Human Services Agency**REQUIREMENT** Public Health Services Appointee **COMMENTS** HHSA Appointees.

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